			45+	t angul F	ORM APPROVED
STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION (X	
	·	445098	B. WING		08/04/2014
1		•		STREET ADDRESS, CITY, STATE, ZIP CODE	
NHC HE	ALTHCARE, KNOXVIL	LE	ļ	809 EAST EMERALD AVE KNOXVILLE, TN 37917	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	iD PREFI) TAG		
K 018 SS=D	Doors protecting co required enclosures hazardous areas an those constructed of wood, or capable of minutes. Doors in s required to resist the no impediment to the are provided with a the door closed. Duare permitted. 19	rridor openings in other than of vertical openings, exits, or e substantial doors, such as f 1¾ inch solid-bonded core resisting fire for at least 20 prinklered buildings are only a passage of smoke. There is e closing of the doors. Doors means suitable for keeping atch doors meeting 19.3.6.3.6 a.3.6.3	К0	This Plan of Correction is submitted as required under State and Federal Law at does not constitute an admission on the of the facility that the findings constitute deficiency or that the scope and severity	part e a / of
	Based on observation determined the facility doors closed to a portion of the findings include. The findings include observation and interpretor, on August 4 confirmed the corridor failed to close to a portion of the finding was verified to do the finding was verified to during the finding was v	on and interview, it was ty failed to ensure corridor sitive latch. (NFPA 101, erview with the Maintenance 4, 2014 at 9:30 a.m. or door to resident room 275 ositive latch. fied by the Maintenance owledged by the the exit conference on	TURE	affected by this practice. 3 The maintenance department repaired the door to latch appropriately. 4 The latched doors will be inspected or rotational basis to insure that the doors late properly. The results of these inspections will be reported at the monthly safety meeting when there has been an issue.	on a toh
ENTERS FOR MEDICARR & MEDICAID SERVICES CENTERS FOR MEDICARR & MEDICAID SERVICES STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PROVIDER OR SUPPLER NAME OF PROVIDER OR SUPPLER NHC HEALTHANY STATEMENT OF DEFICIENCIES (EXCI) DEFICIENCY (EX					
CENTERS FOR MEDICARE & MEDICAID SERVICES AND PLAN OF CORRECTION AND PROVIDER SERVICES BY PROVIDER SERVICES CROSS TERPERAD PLAN OF CORRECTION OF PROVIDER SERVICES THAN OF CORRECTION OF PROVIDER SERVICES BY PROVIDER SERVICES OF THE APPROPRIATE CONTROL OF PROVIDER SERVICES CROSS TERPERAD TO THE APPROPRIATE CONTROL OF PROVIDER SERVICES TAG This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor coors closed to a positive latch. (NFPA 101, 19-3.6.3.) The findings include: Observation and interview with the Maintenance Director, on August 4, 2014 at 9:30 a.m. confirmed the corridor doors closed to close to positive latch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on Control of Control of Control of the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on Control of Co					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: NDS221

Facility ID: TN4710

If continuation sheet Page 1 of 8 AUG 2 9 2014

PRINTED: 08/11/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445098 B. WING 08/04/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE NHC HEALTHCARE, KNOXVILLE KNOXVILLE, TN 37917 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 018 | Continued From page 1 K 018 August 4, 2014. NFPA 101 LIFE SAFETY CODE STANDARD 8/8/14 K 021 K 021 K21 SS≃D Any door in an exit passageway, stairway 1. No Residents were affected by this enclosure, horizontal exit, smoke barrier or deficient practice hazardous area enclosure is held open only by devices arranged to automatically close all such All residents have to possibility of being doors by zone or throughout the facility upon affected by this practice. activation of: The maintenance department repaired a) the required manual fire alarm system; the door to latch properly. b) local smoke detectors designed to detect 4. The latched doors will be inspected on a smoke passing through the opening or a required rotational basis to insure that the doors latch smoke detection system; and properly. The results of these inspections will be reported at the monthly safety c) the automatic sprinkler system, if installed. meeting when there has been an issue. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure stairwell doors closed to a positive latch. (NFPA 101, 19-3.6.3.) The findings include:

FORM CMS-2587(02-99) Previous Versions Obsolete

to close to a positive latch.

Observation and interview with the Maintenance Director, on August 4, 2014 at 9:30 a.m. confirmed the stairwell door by room 317 failed

This finding was verified by the Maintenance Supervisor and acknowledged by the

Event ID: NDS221

Facility ID: TN4710

If continuation sheet Page 2 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445098 B. WING 08/04/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE NHC HEALTHCARE, KNOXVILLE KNOXVILLE, TN 37917 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 021 Continued From page 2 K 021 Administrator during the exit conference on August 4, 2014. K 025 NFPA 101 LIFE SAFETY CODE STANDARD K 025 8/15/14 K25 SS=D Smoke barriers are constructed to provide at 1. No Residents were affected by this least a one half hour fire resistance rating in deficient practice accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are All residents have to possibility of being protected by fire-rated glazing or by wired glass affected by this practice. panels and steel frames. A minimum of two separate compartments are provided on each The maintenance department repaired floor. Dampers are not required in duct the penetrations by the fire control box and penetrations of smoke barriers in fully ducted dietary department. heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 4. The maintenance department will inspect work by outside contractors prior to job completion to insure no penetrations exist. or to be able to repair the penetration quickly. Any repairs that are required will be This STANDARD is not met as evidenced by: reported at the monthly safety meeting. Based on observation and interview, it was determined the facility failed to ensure fire barrier's one (1) hour fire rated construction is maintained. (NFPA 101, 8.2.3.2.4.2.) The findings include: Observation and interview with the Maintenance Director, on August 4, 2014 at 9:45 a.m. confirmed an unsealed penetration in the ceiling at the following locations: 1. Dialer closet by the Fire alarm control panel had 2 ceiling penetrations. 2. Kitchen dishwashing area had a 12-inch opening in the corner and copper piping penetrating the ceiling. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 4, 2014.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION () 01 - MAIN BUILDING 01		E SURVEY PLETED	
		445098	B. WING	<u> </u>		08/	04/2014	
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, KNOXVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE KNOXVILLE, TN 37917				
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K 038 SS=E	Exit access is arrar	FETY CODE STANDARD nged so that exits are readily nes in accordance with section	К	038	K38 1. No Residents were affected by this deficient practice 2. All residents have to possibility of be	aina	8/7/14	
	Based on observal determined the faci exits were readily a Findings include: Observation and into 5:34 a.m. confirmed entrance 15-second open when tested. This finding was ve Supervisor and ack Administrator during August 4, 2014.	terview on August 4, 2014 at d one side of the front d delayed egress door failed to rified by the Maintenance nowledged by the g the exit conference on			affected by this practice. 3 The maintenance department repaire the delay egress door to un-latch properly 15 seconds. 4. The latched doors will be inspected on rotational basis to insure that the doors la properly. The results of these inspections will be reported at the monthly safety meeting when there has been an issue.	ed y at ı a ı tch		
K 047 SS=D	Exit and directional accordance with se	FETY CODE STANDARD signs are displayed in ction 7.10 with continuous ved by the emergency lighting	K	047	 No Residents were affected by this deficient practice All residents have to possibility of b affected by this practice. 	peing	8/22/14	
	Based on observati determined the facil to indicate the direct direction was not ob Findings include:	s not met as evidenced by: ion and interview, it was ity failed to provide exit signs tion of egress when the evious. erview on August 4, 2014 at			3 The maintenance department installe luminescent exit sign on the door to the laundry because of the low ceiling height front of the door. 4. The exit signs will be inspected month by the maintenance director. Any exit signs that need repair will be discussed at the monthly safety meeting.	at in		

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		ATE SURVEY IMPLETED
		445098	B. WING		0.	8/04/2014
1	PROVIDER OR SUPPLIER ALTHCARE, KNOXVIL	LE		STREET ADDRESS, CITY, STATE, ZIP C 809 EAST EMERALD AVE KNOXVILLE, TN 37917		510-4120 14
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	(X5) COMPLETION DATE
K 047 K 062 SS=D	5:35 a.m. confirmed at the 1st floor horiz laundry.(NFPA 7.10 This finding was versupervisor and ack Administrator during August 4, 2014. NFPA 101 LIFE SAI Required automatic continuously maintal condition and are in	d no exit signs were provided contal exit doors by the .1.2, 7.10.2, 19.2.10.1) rified by the Maintenance nowledged by the g the exit conference on FETY CODE STANDARD sprinkler systems are nined in reliable operating	K O		•	8/15/14
K 069 SS=D	Based on observatidetermined the facilisprinkler system was 5.1.1.2). The findings include 1. Observation with August 4, 2014 at 5: floor dining room hamissing an escutche 2. Observation with August 4, 2014 at 9: sprinkler head behind loaded with lint. These findings were Supervisor and acknowled Administrator during August 4, 2014. NFPA 101 LIFE SAF	the maintenance director, on 50 a.m. confirmed the third d 1 of 3 sprinkler heads con plate. the maintenance director, on 50 a.m. confirmed the d the dryers was heavily verified by the Maintenance howledged by the the exit conference on ETY CODE STANDARD	K 06	3 The maintenance department an eschusion plate on the sprint the dining room and cleaned that the laundry area. 4. The sprinkler heads in the lawill be inspected by the mainted department during their inspectational laundry area.	kler head in e sprinkler in undry area mance	
	Cooking facilities are	protected in accordance				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445098	B. WING_		l na	/04/2014
	(EACH DEFICIENC)			STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE KNOXVILLE, TN 37917 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	N BE	(X5) COMPLETION DATE
K 072 SS=D	with 9.2.3. 19.3.2 This STANDARD is Based on observation determined the faci commercial cooking provided with a drip The findings include Observation and int Director in the kitch 11:45 a.m. confirms provided with a greater of 3-2.6). This finding was very Supervisor and ack Administrator during August 4, 2014. NFPA 101 LIFE SAMMeans of egress are of all obstructions of use in the case of fit furnishings, decorated.	2.6, NFPA 96 s not met as evidenced by: ion and interview, it was lity failed to ensure g equipment drip tray was tray beneath their lower edge. e: erview with the Maintenance en, on August 4, 2014 at ed the exhaust hood was not ase collection container (NFPA	K 069	1. No Residents were affected by this deficient practice 2. All residents have to possibility of affected by this practice. 3. The maintenance department replate the grease drip pan on the dietary hood. 4. The dietary department and maintendepartment will insure the drip pan is place at all times.	aced I. ance in	9/15/14
	7.1.10 This STANDARD is Based on observationed the facilithe means of egress obstructions (NFPA). The findings include Observation and interpretations.	not met as evidenced by: on and interview, it was ty failed to ensure corridors in were maintained clear of all 101- 7.1.10.2.1.)		3 The administrator conducted in-ser reviewing this deficiency and the importance of keeping the exits clear as much as possible. 4. The department heads will conduct random surveys of the exits throughout day and report any findings at the mont QA meeting. Additional training for sta will occur until 100% compliance with requirement is met.	the hly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
<u> </u>		445098	B. WING			OR/	04/2014
NHC HE	PROVIDER OR SUPPLIER ALTHCARE, KNOXVIL			81	TREET ADDRESS, CITY, STATE, ZIP CODE 09 EAST EMERALD AVE NOXVILLE, TN 37917	00/	04/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
K 076 SS=D	confirmed the rear front of the exit doo corridor had linen constructions in the in This finding was versupervisor and ack Administrator during August 4, 2014. NFPA 101 LIFE SAIMED IN The Example of t	exit corridor had a scale in rs and the laundry area arts, racks and other means of egress. rified by the Maintenance nowledged by the githe exit conference on FETY CODE STANDARD and administration areas are ance with NFPA 99, Standards illities. Illications of greater than losed by a one-hour poly systems of greater than led to the outside. NFPA 99 Into met as evidenced by: on and interview, it was ity failed to properly secure is when stored. Lust 4, 2014 at 5:55 a.m. gen cylinders were secured ge room by room 305 (NFPA 55-7.1.3.4). Ified by the Maintenance		076	1. No Residents were affected by this deficient practice 2. All residents have to possibility of laffected by this practice. 3. The administrator conducted in-service reviewing this deficiency and the importance of keeping oxygen stored properly. 4. The department heads will conduct random surveys of the hallways through the day and report any findings at the monthly QA meeting. Additional training for staff will occur until 100% compliant with this requirement is met.	ces	9/15/14

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION 01 - MAIN BUILDING 01		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER ALTHCARE, KNOXVII	LE	,	8	TREET ADDRESS, CITY, STATE, ZIP CODE 09 EAST EMERALD AVE (NOXVILLE, TN 37917	, 00	10-112-01-1
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K 076 K 147 SS=D	August 4, 2014. NFPA 101 LIFE SA Electrical wiring and with NFPA 70, Nati This STANDARD is Based on observat determined electrical clear space in front The findings include Observation and int Director, on August confirmed 2 of 2 2nd rooms had trash recelectrical panel.(NFI This finding was ver Supervisor and acknown of the second secon	FETY CODE STANDARD d equipment is in accordance onal Electrical Code. 9.1.2 s not met as evidenced by: ion and interview, it was all panels had the required of them (NFPA 70,110-16 (d)). e: erview with the Maintenance 4, 2014 at 6:35 a.m. d floor biohazard storage ceptacle directly in front of the PA 70, 110-26 (a)). iffied by the Maintenance	K 0		I. No Residents were affected by this deficient practice 2 All residents have to possibility or affected by this practice. 3 The housekeeping department was trained to remove the garbage can from biohazard room on a regular basis to p one from being stored in the room at a 4. Random checks will be conducted b Housekeeping supervisor and the findi will be reported at the monthly QA me until 100% compliance with this regula occurs.	s the revent II. y the ngs eting	9/15/14